

Case Number:	CM14-0186967		
Date Assigned:	11/13/2014	Date of Injury:	05/16/2012
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Osteopathic Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male trash truck driver with a date of injury on May 16, 2012. He is diagnosed with L4-5, L5-S1 disc herniation, L45 degenerative disc disease/herniated nucleus pulposus, right hip trochanteric bursitis, and GI disturbance. The medical records indicate that lumbar fusion has been requested. Utilization review on October 29, 2014 reviewed a September 23, 2014 report at which time the patient complained of severe and constant low back pain rated 9/10 with radiation to the lower extremities. He also complained of neck and upper back pain rated 7/10. He complained of aching and stabbing pain in the left hand of rated 5/10. The patient reported short-term relief of acupuncture. He stated Norco and Ambien help with the pain. Physical examination revealed antalgic gait, lumbar tenderness and spasm, decreased range of motion, decreased sensation in the lateral thigh to the foot dorsum on the left and 4/5 plantar flexor and toe extensor strength on the left. The patient is not working. Request was made for Flexeril and Norco 10/325 mg #90. The peer reviewer recommended certifying Flexeril. The request for Norco was modified to allow #6. It was noted that the patient's pain is severe and consistent despite taking Norco. It was noted that there has been no return to work. It was also pointed out that prior peer reviewers had recommended weaning of opioids and continuation of weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(1) Prescription of Norco 10/325mg #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: The request for Norco 10/325 mg #90 is not supported. Evidence-based guidelines do not recommend chronic use of opioids due to the development of habituation, tolerance, and testosterone imbalance in men. Furthermore, there is no indication that the ongoing use of Norco has provided subjective or objective functional improvement. The patient remains with significant pain and there is no evidence of objective improvement such as return to work. The medical records indicate that prior utilization reviews have recommended weaning of Norco and modification has been allowed for weaning purposes. As such, the request for Norco 10/325 mg #90 is not medically necessary.